

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037735

State File No.

FILED OCT 23 1958

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9593

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, give RURAL and give OR TOWN) <u>St Louis</u>		c. CITY OR TOWN <u>St Louis</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 2831 Dickson St</u>		e. STREET ADDRESS (If rural, give location) <u>2831 A Dickson St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Will</u>		b. (Middle)	
c. (Last) <u>Donelson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 9 58</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>Col</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>3-3-1884</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Buck Donelson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Luviner Donelson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>494-26-0048</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Luviner Donelson</u> ADDRESS <u>2831 Dickson St</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES	
DUE TO (b) <u>334x</u>		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>John S. Deary</u> (Degree or title)		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>10/10/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>10-14-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
24d. LOCATION (City, town, or county) (State) <u>County MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u> ADDRESS <u>4845 Lowe 2930 Dickson St</u>	
DATE REC'D BY LOCAL REG. <u>OCT 10 58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Leroy W. Bannister*

Licensed Embalmer No. *4523*

P. O. Address *4251 Wood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.